

COOPERATIVE MEMBERSHIP

This is to certify that the claimant named below owned one or more units/apartments in a cooperative. The claimant's share of property taxes on these cooperative units/apartments is stated below:

FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER
DID THE CLAIMANT OWN THIS PROPERTY ON DECEMBER 31 IMMEDIATELY PRECEDING THE CLAIM YEAR?		UNIT OR APARTMENT NUMBER	
☐ YES	□ NO		
NAME OF COOPERATIVE			
STREET ADDRESS			
CITY		STATE CALIFO	ZIP CODE PRNIA
	DDODEDTY I	-A V	
Line 1 – Enter total net v	PROPERTY T alue of property as shown on tax bill that in tion).		/apartment (after homeowner
square footage	s percentage of ownership in property. (Divor all units/apartments covered by property	y tax bill.)	, ,
Line 3 – Enter net asses age on line 2.)	sed value of claimant's unit/apartment. (M	ultiply total net value sh	nown on line 1 by the percent-
Line 4 – Enter claimant's	s property tax. (1 percent of figure shown o	n line 3.)	
Please complete the follo	wing:		
-			
 Full net value of the p 	\$		
2. Claimant's percentag			
3. Net assessed value of	\$		
Claimant's property to	\$		
SIGNATURE OF COOPERATIVE OFFIC	ER TITLE		DATE
For privacy information get the	Franchise Tax Board Privacy Notice, form FTB 113	1.	
	ATTACH THIS FORM THOMEOWNER ASSISTAN		
	ASSISTANCE		
	24 hours a day, 7 days a week. You can hear pre-rend Spanish. For your convenience, please have pa		
From within	n the United States, call	(800)	338-0505
	Website at: www.ftb.o	ca.gov	

Assistance for persons with disabilities: We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments, call: from voice phone (800) 735-2922, or from TTY/TDD (800) 822-6268.

Asistencia para personas incapacitadas: Nosotros estamos en conformidad con la Acta de Americanos Incapacitados. Personas con problemas auditivos pueden llamar al TTY/TDD (800) 822-6268; personas con problemas de habla, pueden llamar al teléfono (800) 735-2922.